



Attorney Docket No.: 0200109C1  
Serial No.: 10/054,410

2634  
CC  
#1744  
AMH.D  
4-22-04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): <b>Young, et al.</b>	Group Art Unit: 2634
Application Serial No.: <b>10/054,410</b>	Examiner: Chieh M. Fan
Filed: <b>November 13, 2001</b>	
Title: <b>DSL Link with Scalable Performance</b>	

AMENDMENT AND RESPONSE TO OFFICE ACTION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED

APR 27 2004

Technology Center 2600

Dear Sir/Madam:

This is in response to the *non-final* Office Action, dated April 9, 2004, in the above-referenced patent application. Please enter and consider the following amendments and remarks.

04/23/2004 MBERHE 00000159 10054410  
01 FC:1201 172.00 OP

**AMENDMENT COVER SHEET**IN RE APPLICATION OF: Young, et al.SERIAL NO.: 10/054,410 FILED: November 13, 2001FOR: DSL Link with Scaleable Performance

HONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.☒ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$.00
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

☐ TOTAL EXTENSION FEE \$ \_\_\_\_\_☒ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS			* = 0	x 18	x 9	\$ 0.00
INDEPENDENT			* = 2	x 86	x 43	\$ 172.00
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 172.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

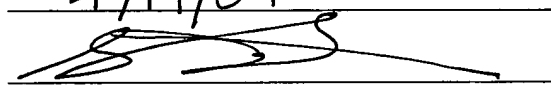
- ☐ Total fee for Supplemental Information Disclosure Statement \$ \_\_\_\_\_
- ☒ Enclosed is the total fee of \$ 172.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$ \_\_\_\_\_
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 4/19/04

By:   
Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

4/19/04  


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Signature  
  
Typed or Printed Name of Person Mailing Paper and/or Fee